

11/4
AG

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		9/30/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	811	10/1/00
FORMALITY REVIEW	<i>[Signature]</i>		11-12-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- ✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral) ... Canceled A Appeal
+ Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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